

# **EXHIBIT 35**

## **Poulos Inquest Testimony**

STATE OF WISCONSIN : CIRCUIT COURT : MILWAUKEE COUNTY  
BRANCH 27

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In Re Inquest into the Death of  
DEREK WILLIAMS,

Case No. 12JD0027

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FEBRUARY 11, 2013

HONORABLE KEVIN E. MARTENS  
Presiding Judge

APPEARANCES:

ATTORNEY JOHN FRANKE, Assigned as Special  
Prosecutor, appeared on behalf of the State.

Kelly Janowski - Court Reporter

1           and nothing but the truth so help you God?

2                       THE WITNESS:   Yes.

3                       THE CLERK:   Please, be seated.   I  
4           need you to state your name and then, please, spell  
5           your first and last for the record.

6                       THE WITNESS:   My name is Christopher  
7           Poulos, C-h-r-i-s-t-o-p-h-e-r.   Poulos is spelled,  
8           P-o-u-l-o-s.

9                       THE COURT:   All right.   Mr. Franke.

10                      EXAMINATION

11   BY ATTORNEY FRANKE:

12   Q.   Sir, how are you presently employed?

13   A.   I'm currently employed at the Maricopa County  
14        Medical Examiner's Office.

15   Q.   Say the name of the county again and what state  
16        it's located in.

17   A.   Maricopa.   That is in Phoenix, Arizona.

18   Q.   What is your position there?

19   A.   I'm a medical examiner.

20   Q.   What position did you hold before the one you have  
21        now?

22   A.   I was an assistant medical examiner for Milwaukee  
23        County Medical Examiner's Office.

24   Q.   And how long did you work in that capacity?

25   A.   Approximately five and a half years.

1 I'll hand you 231 through 245.

2 Can you identify what these  
3 autopsies (sic) are and what they show generally?  
4 We'll put them up on the screen. But can you just  
5 tell us generally what they show and what their  
6 purpose is?

7 A. These are photographs of external injuries taken  
8 during the course of Derek Williams' autopsy in an  
9 attempt to document these injuries.

10 Q. Exhibit 231. I'm going to put that on the screen  
11 as a close up of what you have. It's more of a  
12 close up picture than the actual exhibit. What  
13 does that show?

14 A. That is a photograph of an abrasion of the left  
15 side of Mr. Williams' neck. An abrasion can be  
16 described as a scraping type injury. It is not a  
17 sharp injury. It is a blunt injury. The skinned  
18 knee would be an example of an abrasion.

19 Q. Is this different than a bruise?

20 A. Yes. A bruise is also medically referred to as a  
21 contusion. That is again a blunt force injury, but  
22 a bruise is a small amount of hemorrhage beneath  
23 the skin.

24 This is, for example, what you  
25 receive when you, you know, bump your leg against

1           the desk while you're working during the day or  
2           something like that.

3    Q.   Are you able to tell from the photograph or perhaps  
4           when you're actually examining the body back at the  
5           time of the autopsy whether this is a fresh  
6           laceration or abrasion or something older?

7    A.   To some extent with a degree of healing, we can.  
8           But a precise time scale, we cannot place on those  
9           as to a matter of how many minutes, how many hours.  
10           No, we can not.

11   Q.   But the picture that we are looking at now, are you  
12           able to tell does this show an abrasion that might  
13           be weeks old or less than that or is there no way  
14           to tell?

15   A.   It appears to me to be less than weeks old.

16   Q.   Beyond that, are you able to say whether it was  
17           something that happened --

18   A.   Again, it appears to be recent.  However, a precise  
19           time line is not something that anyone can give  
20           you.

21   Q.   Exhibit 232 is next in the group that you have.  
22           Can you tell us what this shows?

23   A.   This appears to be the back of Mr. Williams' left  
24           hand.  In this picture, I can see what appears to  
25           be a healing abrasion on the back of the thumb; and

1           that's about all I can see in this picture at the  
2           angle that it is at.

3    Q.    If you don't understand this question, let me know.  
4           I'm trying to figure out how to frame it. But do  
5           abrasions and cuts and lacerations heal or resolve  
6           differently after death than they do for a person  
7           who continues to be alive?

8    A.    They do not typically heal after death. There  
9           would be some postmortem changes such as drying  
10          which makes them appear differently but no healing  
11          occurs after death.

12   Q.    But do they look differently? I'm trying to  
13          compare a person who has a wound or abrasion or a  
14          cut like this a day later or two hours later  
15          compare how it looks on a living person to someone  
16          who passed away about the time that the injury  
17          occurred.

18   A.    Typically if somebody has been alive, there will be  
19          evidence of healing. There will be scab formation.  
20          There will be potential depending on the amount of  
21          time, you know, growth of new skin, you know,  
22          healing of skin from the margins, et cetera, et  
23          cetera.

24                           On a dead person, this isn't going  
25          to occur. There may be visual changes caused by

1           drying, et cetera; but there will be no healing  
2           per se.

3    Q.   Are you able to tell whether a wound like this on  
4           someone who has been -- has passed away about eight  
5           hours earlier is a recent wound? Or could it be an  
6           older wound?

7    A.   Generally, I can tell within reason if they are  
8           recent.

9    Q.   I move the picture up a little to show a tag here.  
10           Can you briefly explain what that tag begins, "ME"  
11           is about?

12   A.   The tag gives the case number. That is the number  
13           which is the case that we are investigating. It  
14           also provides a scale to allow us to later show the  
15           size of the injuries. It also allows us with the  
16           case number to keep -- to know which case these  
17           pictures came from should there be some mix up.

18   Q.   Moving to 233. Can you tell us what that shows?

19   A.   This appears to be Mr. Williams' elbow. There is  
20           an abrasion or scrape of his elbow.

21   Q.   Now, 234. Can you tell us what that shows?

22   A.   234 shows an abrasion on the back part of  
23           Mr. Williams' wrist. It also shows two parallel  
24           defects of the skin that do not show any bleeding  
25           or reaction. These to me look most consistent with

1           some sort of a postmortem event because there is no  
2           bleeding or reaction to them.

3    Q.    I'm going to jump to 236.  Can you tell us what  
4           this shows?

5    A.    This is a photograph of the left side of  
6           Mr. Williams' chest.  What we are looking at here  
7           are abrasions or scrapes in the skin.  Also the  
8           large rectangular outline you see there is from a  
9           adhesive from a defibrillator pad from  
10          resuscitative efforts.

11   Q.    Are you able to tell whether these wounds are  
12          recent or old or not?

13   A.    They appear to be recent.  However, as I indicated,  
14          the exact hour or minute which they occur I cannot  
15          tell you.

16   Q.    Did you make any effort to determine how these  
17          typical injuries that we are looking at now  
18          occurred?

19   A.    An abrasion as I stated occurs from a scrape.  And  
20          as you alluded to in your discussion, there was  
21          speculation that these might have occurred by  
22          scraping against various objects such as what  
23          removed his T-shirt.

24                               However, a specific cause, no, we  
25          cannot determine a specific cause.  There is



1 speculation that this type of scraping may cause  
2 it. But all we can say in the end is it's  
3 something scraping against the upper layers of the  
4 skin and removing a portion of that is what caused  
5 these.

6 Q. Let's jump to 238. Can you tell us what that  
7 shows?

8 A. This is again appears to be an abrasion of the  
9 shin. Again, this is a scraping type injury. This  
10 appears to be recent with the previous caveats I've  
11 discussed.

12 The exact cause of this scraping  
13 injury I cannot tell you. However, there -- As  
14 Mr. Franke alluded, there are many possible causes  
15 along the course of his flight that could have led  
16 to such an abrasion.

17 Q. I'm skipping over some that are just close ups of  
18 the injuries you've already discussed because I'm  
19 able to do it with this technology, my own close  
20 ups. I'm now showing you 240. Can you skip to  
21 that one?

22 A. Yes. I have it.

23 Q. What does that show?

24 A. This, again, appears to be an abrasion on the back  
25 surface of Mr. Williams' foot. Again, though

1           specific cause cannot be ascribed. The fact that  
2           he appeared to have been running without shoes led  
3           to speculation as to what might this have been  
4           caused by. However, I cannot give you a precise  
5           cause.

6    Q.    What does 241 show?

7    A.    This appears to be a picture of Mr. Williams' denim  
8           shorts with the cloth -- with the previously  
9           described cloth belt. There are tears in the  
10          shorts.

11   Q.    I'm going to put 242 up. Do you have that in front  
12          of you?

13   A.    Yes.

14   Q.    Are you able to tell where that is located on the  
15          body? Or would you need more?

16   A.    I would probably need more of that photograph to  
17          tell me.

18   Q.    Well, I'll put it on the screen. What does that --  
19          What kind of a wound or injury does that show?

20   A.    Again, that appears to be another abrasion or  
21          scrape of the skin.

22   Q.    Exhibit 243.

23   A.    This appears to be the bottom of Mr. Williams'  
24          right foot. Again, here we have a defect or tear  
25          in the skin most consistent with as I described --

1           Let's see how I -- It looks like an abraded or  
2           lacerated type injury.

3                       To me, it looked like the skin was  
4           torn off of a blister on the foot or there was some  
5           other type of tear or abrasion during the course of  
6           running.

7    Q.    Look at 244.  What does that show?

8    A.    This is the opposite foot.  Again, with the same  
9           tear of the surface of the skin.  This is kind of  
10          an injunction between a laceration which is a tear  
11          and abrasion which is rubbing away of the surface  
12          of the skin.  This is sort in between if you go up  
13          the bottom of his foot.  Again, most likely caused  
14          by running.

15   Q.    You mentioned petechia earlier.  Look at photograph  
16          245.  Is this photograph showing something that is  
17          related to that concept?

18   A.    Right.  Petechia are often seen in cases of  
19          asphyxial deaths such as mechanical asphyxiation or  
20          strangulation, et cetera.  The point here is that  
21          they are small hemorrhages and blood vessels that  
22          often occur during these events.

23                       The important part here is that they  
24          weren't there.  And by taking these pictures, I was  
25          documenting they weren't there.  Autopsy

1           photographs are taken both to document what is  
2           there and what is not there.

3    Q.    Would you skip to Exhibit 247.

4    A.    I do not have that exhibit, sir.

5    Q.    I'm going to show you Exhibits 246 and 247.  I'm  
6           not going to display 246.  But what does that  
7           show?

8    A.    246 is a photograph of Mr. Williams' back prior to  
9           being dissected.  The importance of this image is  
10          there's very little external trauma visible in this  
11          picture.

12   Q.    After doing your external examination -- Let's put  
13          those exhibits aside and finish with the external  
14          examination.

15                        THE COURT:  I just -- Let know me  
16          when you come back to 246.  I want to give a  
17          reminder.

18                       ATTORNEY FRANKE:  I will.

19   Q.    Based on your external examination, was there any  
20          evidence of significant bruising that would suggest  
21          that Mr. Williams was kicked or beaten prior to his  
22          death?

23   A.    There were some small bruises.  However, in the  
24          course of my practice, I have seen cases where  
25          people have been beaten to death.

1                   In external examination, there did  
2           not appear to be any significant bruises which  
3           would be expected of somebody having been beaten to  
4           death.

5                   However, sometimes people can  
6           sustain very significant internal trauma without a  
7           good deal of external trauma. That is why in cases  
8           such as in custody deaths where we wish to further  
9           rule out trauma often incisions are made in the  
10          skin along the back areas of the body in addition  
11          to our normal autopsy procedures to look for areas  
12          of injury that might be missed purely by an  
13          external examination.

14    Q.    Staying with the external examination, did you find  
15          any evidence of hog-tying?

16    A.    I have not personally performed an autopsy in a  
17          case where somebody was hog-tied. I did find  
18          evidence that I believe was linked to handcuffs.  
19          However, I did not see, for example, rope burns or  
20          something that you might see in a case of, quote,  
21          hog-tying. Could I completely rule that out? No.  
22          But I saw no evidence of such thing having taken  
23          place.

24    Q.    What is your understanding of what hog-tying  
25          means?

1 A. Hog-tying I believe would be tying behind the  
2 individual the hands to the feet.

3 Q. And did you say you did not find any evidence of  
4 that or any --

5 A. I found evidence of handcuffed placement. However,  
6 I did not find rope burns or any definitive  
7 evidence that would lead me to believe that  
8 Mr. Williams had been, quote, hog-tied.

9 Q. Have you had experience observing marks left after  
10 someone has been tasered or a taser is used on a  
11 person?

12 A. Yes. I have seen the marks left when an individual  
13 has been tased.

14 Q. Can you estimate how many times?

15 A. Probably once.

16 Q. Is that something you have any training in?

17 A. Yes. We -- I have both seen this personally; and  
18 through the course of our case discussions and  
19 through the course of our lecture series, we do  
20 have actually lectures been repeated a couple of  
21 times on the evidence left by tasers where we have  
22 seen photographs of the tasered individuals and  
23 what wounds would look like.

24 Q. Did you see anything in the examination of Derek  
25 Williams that suggested to you that a taser had

1           been used?

2    A.   No.  I saw none of the typical needle like marks  
3           caused by the taser bars that one would expect in a  
4           case of tasering.

5    Q.   Aside from the external examination for bruises, do  
6           you do anything else to determine if there has been  
7           bruising that just doesn't show up externally?

8    A.   Yes.  During the course of an autopsy obviously  
9           examine the body cavities.  Also during the course  
10          of any body examination, any autopsy, we do reflect  
11          the scalp or pull the skin back from the scalp,  
12          look for evidence of hemorrhage beneath the scalp.

13                   Often we will also reflect the skin,  
14          the back of the skin of the extremities in the back  
15          to make sure there is no -- there are no  
16          hemorrhaging beneath the skin which may be  
17          difficult to see in some individuals.

18   Q.   What do you mean by the term, "Reflecting"?

19   A.   Reflecting essentially means dissecting away the  
20          skin from the other tissues so that the  
21          subcutaneous tissue beneath the skin, the fat and  
22          musculature is exposed so that we can see a bruise  
23          that might not ordinarily be visible.

24   Q.   In examining Derek, did you find any evidence of  
25          bruising?

1 A. I found two small areas of bruising. One was  
2 approximately a three-quarter by one half inch. So  
3 approximately this size of bruising on the lower  
4 part of the back. The other was about a quarter  
5 inch area of hemorrhage on the left elbow about  
6 this big.

7 Q. What does Exhibit 247 indicate?

8 A. 247 shows a small area of bruising of Mr. Williams'  
9 back.

10 Q. And this is a photograph that has the skin  
11 reflected or opened?

12 A. Yes, sir.

13 ATTORNEY FRANKE: Your Honor, I'm  
14 going to show this.

15 THE COURT: This is a photograph  
16 that, again, may be disturbing to some. So,  
17 please, if anybody feels that you are going to have  
18 difficulty viewing this, I ask you to please step  
19 outside. This may be difficult to see.

20 ATTORNEY FRANKE:

21 Q. Doctor, tell us again what this exhibit shows.

22 A. This, again, shows a portion of the skin reflected  
23 back from Mr. Williams back. This shows a smaller  
24 area of hemorrhage. That's the dark area  
25 approximately three quarters of an inch in greatest



1 dimension on the lumbar or this portion as a motion  
2 to the lower portion of my back area of his back.

3 Q. Is this the largest of the two bruises you found?

4 A. Correct, sir. There was also a bruise that was  
5 externally visible on the back of one of  
6 Mr. Williams' hands that I believe the report  
7 alludes to. This is the largest found while  
8 reflecting the skin.

9 Q. Are you able to describe generally based on your  
10 knowledge what might cause a bruise like this?

11 A. Any form of bump or impact can cause a bruise such  
12 as that nature. It can be caused by banging your  
13 knee into something, falling backwards against  
14 something, having something brought with a degree  
15 of force into that area of the body.

16 There are many, many causes. I  
17 think any member of the jury can imagine a  
18 multitude of causes that can result in a bruise.

19 Q. Do you have knowledge as to the amount of force  
20 that would be needed to cause a bruise of this  
21 nature?

22 A. Not specifically, sir.

23 Q. Does this take a tremendous amount of force to do  
24 this?

25 A. No, it does not.

1 Q. Would it possibly be consistent with an officer  
2 putting someone on the ground on their stomach and  
3 putting a knee on that part of the back?

4 A. It could be.

5 Q. Would it take a great deal of force from the knee  
6 to cause this?

7 A. Not necessarily.

8 Q. Could it also be consistent with a person backing  
9 into a wooden fence of some sort?

10 A. Yes.

11 Q. What other internal examination of Derek did you  
12 proceed to do?

13 A. Let me look at one thing to confirm it here. But  
14 during the additional external examination -- The  
15 additional internal examination we do examine all  
16 of the extremities in a similar way to which you  
17 saw to the back to look for evidence of injury  
18 there.

19 Then we turn our attention to the  
20 internal body cavities. We open them. We look for  
21 evidence of injuries such as hemorrhage.

22 We then remove the chest plate. We  
23 look at the heart, the lungs, liver, spleen,  
24 pancreas, stomach, kidneys, adrenal glands.

25 We also do what's called an anterior

1 Q. Did you get a toxicology report?

2 A. Yes, I did.

3 Q. And did that indicate or help in determining a

4 cause of death?

5 A. No. To the best of my recollection, it only showed

6 tetrahydrocannabinols, some marijuana, which I did

7 not factor in to determining the cause of death as

8 I'm really unfamiliar with any cases of that

9 leading to an overdose type death.

10 Q. What happened next?

11 A. The next step was that I looked at the microscopic

12 slides from Mr. Williams, and these microscopic

13 slides to me were very telling.

14 Q. Do you remember how long after the autopsy you got

15 the microscopic slides back?

16 A. No, sir.

17 Q. What do you recall when you got them and looked at

18 them?

19 A. When I got them and looked at them, what I recall

20 were there were numerous vessels that particularly

21 in the lungs and other areas of the body that were

22 distended by clumps or thrombi of sickled cells.

23 Not only were the cells sickled or

24 entered abnormal confirmation or abnormal shape of

25 the cell rather than the regular disk shape of a

1 red blood cell, they entered basically the shape of  
2 a crescent moon or sickle. Not only were they  
3 sickled, but they were hacking in thrombi in  
4 distending vessels.

5 Now, where some may argue that the  
6 red blood cells can sickle as a result of just  
7 being exposed for affixatives, there are others who  
8 say that isn't always the case.

9 Further, where somebody who is  
10 dying, for example, if I were -- had sickle cell  
11 trait or sickle cell anemia or dying of a cause  
12 such as asthma where I become hypoxic some of my  
13 cells would sickle.

14 In this case, there were large  
15 conglomerates or groups or clumps of these cells  
16 that were actually distending the vas which  
17 actually almost appearing to plug the vessels.

18 This in my opinion given also the  
19 history of Mr. Williams having had sickle cell  
20 trait which I verified by medical records indicated  
21 to me that this played a role in Mr. Williams'  
22 unfortunate death.

23 What was also -- I also played a  
24 role as I did look up articles. In particular an  
25 article by individual by the name Thogmartin who

STATE OF WISCONSIN : CIRCUIT COURT : MILWAUKEE COUNTY  
BRANCH 27

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In Re Inquest into the Death of  
DEREK WILLIAMS,

Case No. 12JD0027

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FEBRUARY 12, 2013

HONORABLE KEVIN E. MARTENS  
Presiding Judge

APPEARANCES:

ATTORNEY JOHN FRANKE, Assigned as Special  
Prosecutor, appeared on behalf of the State.

Kelly Janowski - Court Reporter

1                   So what I'm going to do now because  
2           we carry over from one day to the next is have the  
3           clerk re-swear the witness and then allow  
4           Mr. Franke to continue his questions.

5                   CHRISTOPHER POULOS, called as a  
6           witness herein, being first duly sworn, was  
7           examined and testified as follows:

8                   THE CLERK: Do you solemnly swear  
9           that the evidence and testimony you give in this  
10          inquest concerning the death of the person known as  
11          Derek Williams shall be the truth, the whole truth,  
12          and nothing but the truth so help you God?

13                  THE WITNESS: Yes.

14                  THE CLERK: Please, have a seat.  
15          I'll need you to state your name and then, please,  
16          spell your first and last for the record.

17                  THE WITNESS: My name is Christopher  
18          Poulos, C-h-r-i-s-t-o-p-h-e-r. Poulos,  
19          P-o-u-l-o-s.

20                  THE COURT: All right. Mr. Franke.

21                               EXAMINATION

22   BY ATTORNEY FRANKE:

23   Q.   Dr. Poulos, when we left off yesterday, we were  
24          talking about microscopic evidence of sickle cells.  
25          The report that we talked about, Exhibit 204, is

1           National Association of Medical Examiners a  
2           homicide by the terms, death at the hands of  
3           another.

4    Q.    In your example, did you mean to say the police  
5           officer dies or the suspect?

6    A.    The police officer dies.

7    Q.    I understand. Go ahead.

8    A.    What I did in this case was I attempted to reverse  
9           the role and basically treat Mr. Williams the same  
10          intellectual way as I would treat a police officer  
11          in this case.

12                   My first report I stated that the  
13           death was natural because I did not believe at the  
14           time based on my review of only our secondary  
15           sources stating that there was no -- without  
16           incident, I stated that this was a natural death.

17                   When it became known to me that  
18           there had been more than just a chase and then when  
19           he was caught saying, you know, I've been caught,  
20           as one might picture on a TV show, when I heard  
21           that, you know, there had been some element of  
22           restraint used with Mr. Williams when pulling out  
23           of the card table, et cetera, I then based on  
24           these -- based on the principles which I had  
25           written in the original report and with

1 Dr. Peterson's guidance -- This was not at this  
2 point only me. He, of course, you know, said,  
3 well, you should have reviewed the police reports  
4 more adequately. And then he said, this is based  
5 on how you thought of the report what we need to  
6 do.

7 At which point in time, I made those  
8 changes to reflect the differences in the  
9 information I now had and referred to it as a  
10 homicide.

11 Q. Going back to the report, the first report Exhibit  
12 204, I'll put that back up for the jurors. Can you  
13 look at the screen? Is this the section of Exhibit  
14 204 where you identified manner of death as  
15 natural?

16 A. Yes, sir.

17 Q. And where it says, "See note," is that referring to  
18 the note -- Why don't you tell us what note that's  
19 referring to?

20 A. That's referring to a note on page two of the  
21 report. It's actually page three within the  
22 report. I never quite understood our numbering  
23 system. The note says based on the information --

24 Q. Hold on, sir. Let's get this up so we can see it.  
25 Is this the note you are referring to?



1 Q. And explain what that now shows that wasn't shown  
2 in the first report.

3 A. In the first report, I simply stated, "No evidence  
4 of significant internal injuries," stating that I  
5 did not believe that there were injuries on the  
6 internal aspects of the body significant to cause  
7 Mr. Williams' death.

8 And by, "Injuries," I'm referring  
9 to, for example, blunt force injuries or stab  
10 injuries or gunshot injuries.

11 In the second report, the injuries  
12 were -- that were external injuries that were, you  
13 know, were probably not significant, that were  
14 definitely not significant to cause death, were  
15 actually highlighted and brought to the front.  
16 Whereas, they had been previously listed within the  
17 report. These were now brought up to the front and  
18 displayed more prominently.

19 Q. Is it fair to say that all of the blunt force  
20 injuries now identified in this introductory  
21 section were mentioned in the first report?

22 A. Yes. They were mentioned on the first report --  
23 And I can give you the page numbers.

24 Q. We don't need that.

25 A. Okay.

1 Q. Were they mentioned in the same medical terms in  
2 terms of describing the injuries?

3 A. Yes, they were, sir.

4 Q. And what is your understanding of why they were now  
5 being highlighted?

6 A. This was to make them appear -- The first report in  
7 Dr. Peterson's opinion it appeared to him that the  
8 report would give the appearance -- gave the  
9 appearance these were being hidden, that these were  
10 not brought to the forefront to hide something.

11 So he chose and believed it more and  
12 believed it important to highlight these injuries  
13 so that appearance would not be given.

14 Q. Did you have any information -- Did you mention  
15 earlier to you homicide includes the concept of  
16 death at the hands of another?

17 A. Yes, I mentioned that.

18 Q. At the time you wrote the second report referring  
19 to the blunt force injuries in Section A, did you  
20 have any information indicating who might have  
21 caused those injuries?

22 A. In the second report, I cannot tell you who or what  
23 caused each of these individual injuries. For  
24 example, we have an individual who was running, per  
25 the information I had, through trees, his shirt had

1 intentionally. He serves to relay information  
2 between the police office and ourselves.

3 Q. He was one of those who witnessed the autopsy  
4 itself on behalf of the police department?

5 A. Yes.

6 Q. Are you able to come up with a date when you and  
7 Dr. Peterson and Braunreiter would have looked at  
8 the video?

9 A. It would be roughly two days after I had signed  
10 this report. So I expect around the 20th, but I  
11 can't give you a precise date, sir.

12 Q. Did you view the again at any later date?

13 A. On TV in here various times.

14 Q. Other than media or viewing it in here in  
15 connection with this matter, did you have a formal  
16 review of the video with anyone?

17 A. No, I did not.

18 Q. As you sit here today, do you still have a  
19 conclusion as to the cause of death? We've been  
20 talking a lot of about manner of death. But cause  
21 of death.

22 A. Yes.

23 Q. Cause of Derek Williams' death?

24 A. The cause of Derek Williams' death top line in my  
25 medical opinion would still be sickle cell crisis.

1 Q. Do you hold that opinion to reasonable degree of  
2 medical certainty?

3 A. Yes.

4 Q. Putting that phrase aside, can you tell us the  
5 degree of certainty you had with respect to that  
6 conclusion? Is it your view it's more likely than  
7 not; that is, greater than 50 percent, that it  
8 rises to some level of very clear and convincing  
9 evidence or perhaps rises to the level of being  
10 almost certain?

11 A. I would state clear and convincing to almost  
12 certain.

13 Q. Is there a standard that you need to apply before  
14 you put down a specific cause of death in your  
15 report? What level do you need in order to say the  
16 cause of death was a gunshot wound?

17 A. The level of certainty required to put the cause of  
18 death is more probable than not. However, in this  
19 case, I believe the evidence is at minimum very  
20 compelling. It goes in my opinion beyond more  
21 probable than not.

22 Q. Is the fact that aggregates of sickled cells were  
23 found by you in some organs and not others  
24 significant in reaching that conclusion?

25 A. Although some of the authors that I reviewed since

1           have occurred before death?

2     A.     Correct.

3     Q.     You mentioned the authors who have said that it  
4           might have occurred before death. Is there  
5           anything that you can point to that helps you  
6           decide in this case whether the sickling did, in  
7           fact, occur before death as opposed to just might  
8           have occurred before death?

9     A.     Well, there's two facts in my opinion. One is the  
10           circumstances. You have an individual, you know,  
11           if you -- Again, referencing the Thogmartin article  
12           of 16 cases of people who died of sickle cell trait  
13           related crisis that specifically referenced  
14           individuals who died after extreme exertion even  
15           under normal temperatures. In two of these cases  
16           involved police chases. So I obviously have to put  
17           that factor into mine.

18                         Also upon further review of the  
19           information even after I made that decision, there  
20           are articles that suggest and even some paragraphs  
21           in books that suggest that the aggregates of cells  
22           distending the vasculature is more indicative of  
23           this happening as in the death process rather than  
24           simply as a cause of death rather than simply being  
25           a result of death or being a result of our

1           mechanical or our manipulations of the tissue.

2    Q.    Can you point to an article that talks about this

3           distention of vessels as being indicative of

4           sickling before death as opposed to sickling after

5           death?

6    A.    I believe there is a part -- I believe. I may be

7           misquoting. There is some of this in Spitz and

8           Fisher's textbook of medicine. There's also some

9           of such references and I believe in articles by the

10          Author Scheinin. I believe really is the best

11          pronunciation.

12   Q.    I'm handing you Exhibit 266. How do you spell the

13          doctor's name that you just mentioned?

14   A.    S-c-h-e-i-n-i-n.

15   Q.    Is Exhibit 266 the article you were referring to?

16   A.    Correct, sir.

17   Q.    It's not a very long article. Are you able to

18          indicate in there what it is that suggests that

19          there's a way to tell whether sickling of cells

20          occurs before death and might have caused death as

21          opposed to something that occurred as a consequence

22          of death?

23   A.    The reference in this article would be on page 207

24          to the first complete -- to the end of the first

25          complete paragraph of that page. Do you wish me to

1 read it?

2 Q. Well, what page are you on?

3 A. It is page 207. It would be the first -- the

4 bottom of the first complete paragraph.

5 Q. How does the paragraph begin?

6 A. Paragraph begins, "Autopsies in cases of SCT-RAC

7 are usually nonspecific. Generalized --

8 Q. Slow down, please. Are you on page 207?

9 A. Correct, sir. It's the first complete paragraph.

10 Q. I think we have 207. This is in the second

11 column?

12 A. Second column, first paragraph. I apologize.

13 Q. Is this the start of the paragraph you are

14 referring to?

15 A. Yes, it is.

16 Q. You don't need to read the whole paragraph unless

17 it all applies. What is it in there that helps you

18 to know how to determine whether sickling is

19 pre-mortem or postmortem?

20 A. I would state right there some authors, followed by

21 one in 19, "Some authors have noted that the

22 packing of distended hepatic sinusoids by dense

23 plugs of sickled erythrocytes is the most reliable

24 indicator of a antemortem process."

25 Q. Slow down. Let me -- That says, "Most reliable

1 indicator of an antemortem." Meaning after death?

2 A. Antemortem is before death. Postmortem is after

3 death.

4 Q. I'm sorry. Thank you. This is a reliable

5 indicator of before death?

6 A. Correct.

7 Q. Go ahead.

8 A. Similarly -- And, "It's a distention of plugging of

9 the vasculature of multiple organs, especially the

10 cardiac microvasculature, pooling of the blood

11 around splenic follicles, and phagocytosis of

12 sickled erythrocytes by hepatic Kupffer cells have

13 also been described."

14 What I looked at specifically was

15 the plugging of the vasculature of multiple organs

16 in this.

17 Can I also reference another portion

18 of this article while we are at it?

19 Q. Certainly.

20 A. If we go to the very last paragraph.

21 Q. Of the article?

22 A. Yes.

23 Q. Go ahead.

24 A. Very last paragraph of the article stated --

25 Q. Slow down. It's not on the screen. You can read



1           it. Just read it slowly.

2    A.    Okay. "Eichner states that the sudden collapse and  
3           subsequent death during exertion in a person with  
4           sickle cell trait should be considered a  
5           consequence of sickling until proven otherwise."

6    Q.    Thank you. You may have already covered some of  
7           it. But do you have an opinion as to what caused a  
8           pre-death sickling of cells in Derek Williams?

9    A.    Well, in the degree to which any part of this could  
10          have played a role, I cannot be medically certain.  
11          I believe given that there have been individuals  
12          who have taken part of races, military training,  
13          basketball, and police foot chases who have died of  
14          sickle cell crisis in the presence of sickle cell  
15          trait, I believe that definitely the foot chase and  
16          the extreme exertion may have played a role.

17                       Now, additionally there was somewhat  
18          of a struggle with police officers. The precise --  
19          Obviously, this given an individual who is  
20          predisposed upon exertion to have a sickling event  
21          obviously more exertion is not going to help.

22                       Further, some individuals would  
23          state that the knee on the back may have -- or knee  
24          on the shoulder would be more correct, not on the  
25          back how they describe in the police report, may